

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3382AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/20/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN MEADOWS RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4119 MEADOWGLEN CIRCLE</b> <b>LAS VEGAS, NV 89120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the complaint investigation survey conducted at your facility on June 20, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed as a residential facility for groups to provide care for 10 elderly or disabled persons, Category 2 Residents.</p> <p>The census was eight (8).</p> <p>There were two complaints investigated:</p> <p>CPT #NV18544 Substantiated (Tag Y181) CPT #NV18311 Substantiated (Tag Y181)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 181 SS=I	<p>449.209(8) Health and Sanitation-Temperature</p> <p>NAC 449.209</p> <p>8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.</p>	Y 181		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 181	Continued From page 1  This Regulation is not met as evidenced by: Based on observation, the facility failed to maintain room temperatures between 68 and 82 degrees Fahrenheit.  Findings include:  On 6/20/08 from 11:00 AM to 11:30 AM, the following temperatures were observed: -Entry way: 84.3 degrees Fahrenheit -Hallway: 84.4 degrees Fahrenheit -Living Room: 84.4 degrees Fahrenheit -Bedroom #1: 84.4 degrees Fahrenheit -Bedroom #5: 84.7 degrees Fahrenheit -Bedroom #7: 82.6 degrees Fahrenheit  Severity: 3                      Scope: 3  Complaint #NV18311 Complaint #NV18544	Y 181		
Y 444 SS=D	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on observation, the facility failed to maintain a smoke detector in 1 of 11 bedrooms.  Findings include:	Y 444		

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Y 444	Continued From page 2  Observation  On 6/20/08, the smoke detector in bedroom #11 was missing.  Severity: 2      Scope: 1	Y 444			

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